

**WEBSTER J. GUILLORY
ORANGE COUNTY ASSESSOR
630 N. BROADWAY #142
P.O. BOX 628
SANTA ANA, CALIFORNIA 92702-0628
TELEPHONE (714) 834-5945**

**CLAIM FOR DISABLED VETERANS' PROPERTY TAX EXEMPTION**

If eligible, sign and file this form with the Assessor on or before February 15 or on or before the 30th day following the date of Notice of Supplemental Assessment, whichever comes first. Please see instructions before completing.

FOR ASSESSOR'S USE ONLY

Received _____
Approved _____
Denied _____
Reason for denial _____

PROPERTY DESCRIPTION

Parcel No. _____
Address of dwelling _____

If the claimant is an unmarried surviving spouse, enter the name of the veteran as shown on the discharge documents:

Blind, Loss of Use of Limbs, or Totally Disabled. An exemption of up to \$100,000 of assessed value (\$100,000 Exemption) is available to property which constitutes the home of a veteran, or the home of the unmarried surviving spouse of a veteran, who, because of injury or disease incurred in military service, is blind in both eyes, has lost the use of two or more limbs, or is totally disabled. The \$100,000 Exemption increases to \$150,000 of assessed value (\$150,000 Exemption) if your household income for last year did not exceed \$44,907. Once granted, the \$100,000 Exemption remains in effect until terminated. **Annual filing is required for any year in which a \$150,000 Exemption is claimed.**

Totally disabled means that the United States Veterans Administration or the military service from which discharged has rated the disability at 100 percent or has rated the disability compensation at 100 percent by reason of being unable to secure or follow a substantially gainful occupation.

The disabled veterans' property tax exemption is also available to the unmarried surviving spouse of a person who, as a result of service-connected injury or disease, died while on active duty in the military service and served either in time of war or in time of peace in a campaign or expedition for which a medal has been issued by Congress. This law provides that the Veterans Administration shall determine whether an injury or disease is service-connected.

The disabled veterans' property tax exemption provides for the cancellation or refund of taxes paid for property acquired after the lien date for a person eligible for the disabled veterans' exemption. This further provides for the termination of the exemption on the date of sale or transfer, when property is sold or transferred to a third party who is not eligible for the exemption.

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

STATEMENTS

This claim form may be used to file for the Disabled Veterans' Exemption for the Assessment Roll and the Supplemental Assessment Roll. Separate claims may be required for each roll. Please carefully read the information and instructions before answering the questions listed below. If you received the Disabled Veterans' Exemption last year and are filing this form solely to claim the \$150,000 Exemption, check here ☐ and proceed directly to item 3.

1. a. When did you acquire this property? _____
(month/day/year)
- b. Date you occupied or intend to occupy this property as your principal residence: _____
(month/day/year)
- c. Have you claimed the exemption on the home where you most recently resided? ☐ Yes ☐ No If **yes**, see Question 1.d below
- d. Has that home been sold or transferred? ☐ Yes ☐ No What is the address of that home, including the city and county where the home is located?
Address: _____
City: _____ County: _____
2. a. Date **filed** for disability rating with the US DVA? _____
- b. Date **received** disability rating from the US DVA? _____
- c. **Effective** date of disability rating from the US DVA? _____
3. The basis for this claim is *(please check the appropriate boxes)*:
 - a. ☐ Blind in both eyes (*blind* means having a visual acuity of 5/200 or less, or concentric contraction of the visual field to 5 degrees or less, proof is attached);
 - b. ☐ Disabled because of loss of use of 2 or more limbs (*loss of the use of a limb* means that the limb has been amputated, or its use has been lost by reason of ankylosis, progressive muscular dystrophies, or paralysis, proof is attached);
 - c. ☐ Totally disabled as a result of a service-connected ☐ injury or ☐ disease (*totally disabled* means that the United States Veterans Administration or the military service from which discharged has rated the disability at 100 percent or has rated the disability compensation at 100 percent by reason of being unable to secure or follow a substantially gainful occupation, proof is attached);
 - d. ☐ Unmarried surviving spouse of a deceased veteran who during his or her lifetime qualified for this exemption or who would have qualified for this exemption under the laws effective on January 1, 1977 (January 1, 1979, for disease) except that the veteran died prior to January 1, 1977 (January 1, 1979, for disease). Disability: ☐ blindness; ☐ loss of use of two or more limbs; ☐ total disability because of injury; or ☐ total disability because of disease (*check applicable box*; proof of disability, copy of marriage license, and copy of death certificate must be submitted to the Assessor). My spouse died on _____
(month/day/year)
 - e. ☐ Unmarried surviving spouse of a person who, as a result of service-connected injury or disease, died while on active duty in the military service (copy of marriage license, proof that the cause of death was service-connected, dates of service, and copy of death certificate or report of casualty, must be submitted to the Assessor). My spouse died on _____
(month/day/year)
4. To be completed **only** by claimants for the **\$150,000** Exemption:
My yearly household income (*see the instructions*) for the prior calendar year was \$ _____. (If the amount entered does not exceed \$44,907, the exemption becomes \$150,000 of assessed value. If you enter an amount greater than the limit, or you **do not enter an amount**, the Assessor will allow an exemption of up to \$100,000 of assessed value.)

Telephone No. (8 a.m. - 5 p.m.) () _____

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF CLAIMANT

DATE

